



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1675-MC

**DATE:** May 26, 2016

**TO:** Iowa Medicaid Individual Consumer Directed Attendant Care (CDAC) Providers and Managed Care Organizations (MCOs)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Waiver Provider Requirements-Reminders

**EFFECTIVE:** Upon Receipt

The IA Health Link program launched on April 1, 2016, and this letter is intended to remind providers that while MCOs are administering the program, the policies of the IME remain consistent with all three MCOs. Please refer to the chart below which identifies the key requirements for Individual CDAC providers providing services to Medicaid eligible members.

All services provided must be approved by the member's Care Manager or Case Manager through a written CDAC Agreement which has been signed by the provider and the member.

Organization	IME	United Healthcare Plan of the River Valley, Inc.	AmeriHealth Caritas Iowa, Inc.	Amerigroup Iowa, Inc.
Approved Service Plan by Care Manager or Case Manager	Required	Required	Required	Required
Completed Daily Service Records	Required	Required	Required	Required
Claim Filed on Monthly Basis the Month After Services are Rendered	Required	Required	Required	Required
Provider Signature on Claim Form	Required	Required	Required	Required
Member Signature on Claim Form	Required	Required	Required	Required

### Billing Instructions

Claim forms and submission details for each MCO and the IME are listed below. **Please contact the member's MCO for the Claim for Targeted Medical Care form and the Daily Service Record.**

**AmeriHealth Caritas Iowa, Inc.:**

- Services will be submitted on the [Claim for Targeted Medical Care](http://amerihealthcaritasia.com/pdf/provider/forms/ltss-claim-for-targeted-medical-care.pdf)<sup>1</sup> or the universal CMS-1500 paper claim form.
- Claim for [Targeted Medical Care Form Instructions](http://amerihealthcaritasia.com/pdf/provider/forms/ltss-claim-for-targeted-medical-care-instructions.pdf)<sup>2</sup>
- For questions call Provider Services at 1-844-411-0579
- Mail the claim form to:

AmeriHealth Caritas Iowa  
Attn: Claims Processing Department  
P.O. Box 7113  
London, KY 40742

**Amerigroup Iowa, Inc.:**

- Services will be submitted on the Claim for Targeted Medical Care, form 470-2486, or the universal CMS-1500 paper claim form.
- For questions call Provider Services at 1-800-454-3730
- The claim form may be submitted by fax at 844-400-3463 or mailed to:

Amerigroup Iowa, Inc.  
P.O. Box 61010  
Virginia Beach, VA 23466-1010

**UnitedHealthcare Plan of the River Valley, Inc.:**

- Services will be submitted on the Claim for Targeted Medical Care, form 470-2486, or the universal CMS-1500 paper claim form.
- For questions call Provider Services at 888-650-3462
- Mail the claim form to:

UnitedHealthcare  
PO Box 5220  
Kingston, NY 12402-5220

**Iowa Medicaid Enterprise:**

- Complete the IME [Claim for Targeted Medical Care](http://amerihealthcaritasia.com/pdf/provider/forms/ltss-claim-for-targeted-medical-care.pdf)<sup>3</sup>, Form 470-2486.
- Step-by-step instructions on how to complete the IME claim form are available on the website at <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage><sup>4</sup>
- IME Provider Services has a dedicated call center staff for Individual CDAC providers at 1-800-338-7909, Option 3.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, Option 3, or by email at [IMEproviderservices@dhs.state.ia.us](mailto:IMEproviderservices@dhs.state.ia.us). Questions regarding billing for IA Health Link members should be directed to the member's MCO.

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<sup>1</sup> <http://amerihealthcaritasia.com/pdf/provider/forms/ltss-claim-for-targeted-medical-care.pdf>

<sup>2</sup> <http://amerihealthcaritasia.com/pdf/provider/forms/ltss-claim-for-targeted-medical-care-instructions.pdf>

<sup>3</sup> [https://dhs.iowa.gov/sites/default/files/TMCFORM\\_WEB.pdf](https://dhs.iowa.gov/sites/default/files/TMCFORM_WEB.pdf)

<sup>4</sup> <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>